

PARTI

NAME (Last)

LOBBYIST

HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, HONOLULU, HAWAII 96813 or P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: (808) 587-0460 FAX: (808) 587-0470 email: ethics@hawaiiethics.org Web site: www.hawaii.gov/ethics

(First)

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TELEPHONE

LOBBYIST REGISTRATION FORM STATE OF HAWAII STATE ETHICS COMMISSION (Type or Print Clearly)

(Middle)

VC GIALDONA	trank L	799-779/
De Giacomo MAILING ADDRESS (Street)		FAX
P.O. Box 4406		EMAIL
(City)	(State)	(Zip Code)
scareshe,	HI	96744
EMPLOYING ORGANIZATION (Fill in or	nty if you are employed by a business entity which has been retained to lobby)	TELEPHONE
Animal Haven -	Volunteer	799-779/
MAILING ADDRESS (Street)		FAX
P.O. Box 4406 (City) Kareshe		EMAIL
(City)	(State)	(Zip Code)
Kareshe	HJ	96744
PART II ORGANIZATION		Lacientone
NAME OF ORGANIZATION YOU L	OBBY FOR (Do not abbreviate)	TELEPHONE
		1 —
Animal Haves		799-7791
Animal Haves MAILING ADDRESS (Street)		799 - 779/
MAILING ADDRESS (Street)		<u> </u>
MAILING ADDRESS (Street) 1.0. Box 4406 (City)	(State)	FAX
MAILING ADDRESS (Street)	(State) HI	FAX
MAILING ADDRESS (Street) P.O. Box 4406 (City) Kureshe	(State) HI DR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT	FAX EMAIL (Zip Code)
MAILING ADDRESS (Street) P.O. Box 4406 (City) Kureshe	HI	FAX EMAIL (Zip Code) 96744
MAILING ADDRESS (Street) P.O. Box 4406 (City) Kureshe	HI	FAX EMAIL (Zip Code) 96744
MAILING ADDRESS (Street) J. D. Box 4406 (City) Kureshe NAME OF PERSON RESPONSIBLE FO	HI	FAX EMAIL (Zip Code) 96744 TELEPHONE

LREG 09/2009

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY						
Agricultu	re	Education	Human Services	Science, Technology & Economic Development		
Commur Public Ut	ications & ilities	Government Operation & Finance	 Intergovernmental Relations, International Affairs 	☐ Tourism & Recreation		
Consume	er Protection & ce	☐ Hawaiian Affairs	☐ Labor & Employment	Transportation		
Culture, / Preserva	Arts, Historic tion	Health	Planning, Land & Water Use Management	Other: (indicate below)		
Ecology, Environn	Energy ental Protection	Housing	Public Safety & Corrections	- 12 Marget 1 Carlos 122 NO.		
PART IV	CERTIFICATION	OF LORRYIST				
PART IV CERTIFICATION OF LOBBYIST I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.						
Thereby certify that the information familianed above is, to the best of my knowledge, confect and complete.						
10.12 113/13						
(Signature of Lobbyist) (Date)						
PART V AUTHORIZATION TO LOBBY						
NAME TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED						
Frank De Giacano						
NAME OF ORGANIZATION (if applicable)			TELEPHONE			
Azimal Haves				799-7791		
MAILING ADDRESS (Street)			FAX			
P.O. Box 4406			EMAIL			
(City)				(Zip Code)		
K4	reste	MI		96144		
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.						
1/23/13						
(Signature of Authorizing Officer or Person Represented)				(Date)		